

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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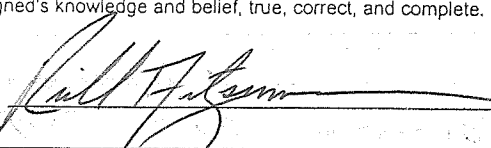
AUG 16 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8374	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name RICHARD T FITZSIMMONS P.O. Box, Bldg., Room No., if any Street 84 EPOCH Crosby ROAD City Brewster State NEW YORK ZIP Code + 4 10509	4. Name, file number, and address of labor organization. Name LOCAL 147 Labor Organization File Number 002112 P.O. Box, Building and Room Number, if any Street 4332 KATONAH AVE City BRONX State NEW YORK ZIP Code + 4 10470
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name LOCAL 147 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4332 KATONAH AVE City BRONX State NEW YORK ZIP Code + 4 10470	7.a. Nature of Interest, Transaction, or Income. WAGES - W/2 32481 - TELEPHONE 477 - TRAVEL + CONFERENCES 4319 - AUTO LEASING 8658 -
7.b. Amount. WAGES - W/2 32481 - TELEPHONE 477 - TRAVEL + CONFERENCES 4319 - AUTO LEASING 8658 -	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On 8/16/05 Date Telephone Number